

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

8104

63-033980

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILE AUG 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Mo.

Length of stay in 1b

1 yr 98 days

c. CITY

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis Chronic

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

1260 Goodfellow

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Toreatha

O'Neal

4. DATE OF DEATH

Month

Day

Year

8

7

1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-3-79

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mississippi

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Dock Fisher

13b. MOTHER'S MAIDEN NAME

Ellen-Unk.

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

O.

17. INFORMANT

Address

Helen Pickens, 1368 Shawmut Pl.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

OK
Cause of Death
Sept 11/63

IMMEDIATE CAUSE (a)

Heart Stroke

DUE TO (b)

DUE TO (c)

931.7-46

INTERVAL BETWEEN ONSET AND DEATH

PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

13

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-1-62 to 8-7-63

and last saw her alive on 8-7-63

Death occurred at 4:40 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ann Higgins, M.D.

22b. ADDRESS

634 N. Grand

22c. DATE SIGNED

8-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8/13/63

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

Berkeley City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Atkins Bros., Und Col, 3644 Finney Ave.

25. DATE RECD. BY LOCAL REG.

AUG 9 1963

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300

Rev. 4/59

1

2 20

3

4 3

5 2

6

7 1

8 2

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10

11 000

12 760

13

76

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision:

Student _____
Signature of Student Embalmer

Signed

John X Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.